

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. **SAPC 1198**
Copy **1** of **3**
Bu. Vou. No. **00360R000400010024-1**

U. S. Cost Reimbursable-

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. **339**

To

(Payee)

PAID BY

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				\$25,701	51
Use continuation sheet(s) if necessary							
						Total	\$25,701 51

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from

to

Weight

Government B/L No.

Total

\$25,701 51

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

STATINTL

(Sign original only)

STATINTL

Date **6-16-55** *Payee

Not required when a

or bills)

Amount verified; correct for

(Signature or initials)

Per

Title

Contract No. **A101**

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

STATINTL

† Approved for **\$ 25,701.51**

†

(Signer)

By

SIGN
ORIGINAL
ONLY

Title

Certifying Officer

Title **Contracting Officer**

STATINTL

Date

6/27/55

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED:

STATINTL

Approving Officer

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the check or receipt must appear, as well as the capacity in which he signs, must appear. For example: "John Doe, Cashier, American Bank, etc." If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per

Title

CONTINUATION SHEET

U. S. Cost Reimbursable- (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 23

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATINTL		<u>SYSTEM 3</u> <u>CONFIDENTIAL PAYROLL</u>					
		Direct Labor Costs properly chargeable to Contract A101 for the period 4-4-55 thru 6-5-55.					
		<u>Week Ending</u>					
		4-10-55					
		4-17-55					
		4-24-55					
		5-1-55					
		5-8-55					
		5-15-55					
		5-22-55					
		5-29-55					
		6-5-55					
		STATINTL					
		Less Labor Adjustment JV055204					
		STATINTL					
		Overhead computed at interim rate of [REDACTED]					
		<u>OTHER COSTS</u>					
		P.O.6416 - Henry Radio - Invoice 6967					
		Check # 7477					
						25,542	51
						159	00 ✓
						25,701	51

HENRY

TED HENRY, W6UOU

INVOICE

For Release 2000/04/11 : CIA-RDP64-00360R000400010024-1

GRANITE 7-6701

BRADSHAW 2-1440

INVOICE
NUMBER

6967

" WORLD'S LARGEST DISTRIBUTORS OF SHORT WAVE RECEIVERS "

MAIL ADDRESS: BOX 64398 • LOS ANGELES 64, CALIFORNIA • 11240 W. OLYMPIC BLVD.

INV. DATE April 14, 1955

SOLD TO: Ramo-Wooldridge Corp.
8820 Bellanca Avenue
Los Angeles 45, Calif.

SHIP TO:

CUSTOMER'S ORDER NO. 6414	DATE SHIPPED APRIL 13, 55	SHIPPED VIA P.O.	TERMS: Net 30 Days	C.O.D. <input type="checkbox"/>	RE-SALE <input type="checkbox"/>	TAX-ABLE <input checked="" type="checkbox"/>	BILLED BY MES	FILLED BY Da
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QUANTITY ORDERED	BACK ORDER	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
1		RECTIFIER UNIT RA-42-A			
1		PROP METAL BC-638-A			
1		RECEIVER BC-639-A			
		#159.00 COMPLETE			\$ 159.00
		XXX 4% Sales Tax			6.36
		Total			\$ 165.36

ON TRIAL

ON TRIAL

Approved for
Payment
Prices and
Extensions

Paid

Account:

1023 - 159.00

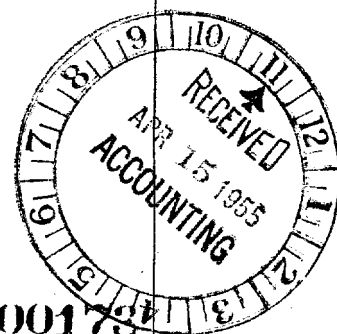
700 81 636

RAMO - WOOLDRIDGE

8820 BELLANCA AVE.

L.A. 45
STATINTL

Rec'd



00178

ACCOUNTING COPY

Approved For Release 2000/02/11 : CIA-RDP84-00360R000400010024-1

RECEIVING REPORT

№ 0024-5404

VENDOR

SHIPPER

REC'D VIA

PACKING SLIP NO.

DATE _____

P. O. NO.9

FREIGHT BILL NO.

NO. OF CONTAINERS

ITEM	QUANTITY	PART NO.	DESCRIPTION	WEIGHT	
				NET	GROSS
1.	1 ea		RAH2a Rectifier Unit		
	1 ea		BC638-a Frequency Meter		
	1 ea		BC639-a Receiver		

STATINTL

REMARKS:

STATINTL

FOI 0024-1